

**FOR INSTRUCTIONS, SEE BACK OF FORM**

CHECK ONE:

- ☒ This is an **Initial**\* Statement of Organization  
☐ This is an **amended**\* Statement of Organization

\*An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

<b>FORM</b> <b>DR-1</b> (Rev. 01/2003)	<b>STATEMENT</b> <b>OF</b> <b>ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. # <u>21180</u>	
Indexed <u>ob</u>	
Audited _____	
Computer _____	

**COMMITTEE NAME**

Citizens Committee to Renew Kirkwood's Instructional Equipment Levy

6

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

**COMMITTEE TREASURER**

Name George Grask  
 Mailing Address Cedar Rapids Truck Center  
PO Box 67  
 City, State Zip Code Cedar Rapids IA 52406  
 Phone (319) 848-4131  
 e-Mail \_\_\_\_\_

**COMMITTEE CHAIR**

Name Bob Sierk  
 Mailing Address 2043 Glendale Rd  
 City, State Zip Code Iowa City IA 52245  
 Phone (319) 338-6884  
 e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE - Check One Box** ☐ Advocate for/against candidate(s) ☒ Advocate for/appose ballot issue(s)  
 Comment or description: \_\_\_\_\_

**All Candidates Enter:**

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

County/Local Candidates and Local Ballot/Franchise Committees Enter:  
County: LinnDate of Election: September 9, 2003

**Bank Account Name** ↓ ↓  
Guaranty Bank & Trust Checking  
 Name of Financial Institution/type of Account ↓ ↓  
302 Third Ave SE  
 Mailing Address ↓ ↓  
Cedar Rapids IA 52401  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓

**Candidate name & Address or Parent Entity (PACs, if applicable),**  
**Affiliate, or Sponsor**  
 ↓ ↓

Mailing Address ↓ ↓  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
 Phone ( ) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

**DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION**Indicate disposition of funds by marking appropriate number in box ☒

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) \_\_\_\_\_

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

**STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON**

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 361. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed